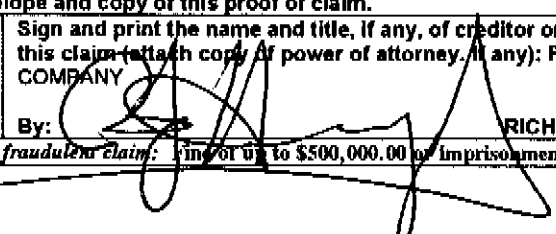


ch 11

United States Bankruptcy Court District of IDAHO		U.S. COURTS PROOF OF CLAIM 2 MAR 29 PM 14:14
Name of Debtor: FRANK L. CHAPIN aka SYDNEY L. GUTIERREZ-CHAPIN aka SYDNEY L. GUTIERREZ		FILED CAMECH S. BURKE CLERK IDAHO
Case Number: 02-20218		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): FORD MOTOR CREDIT COMPANY		
Name and Address where notices should be sent: FORD MOTOR CREDIT COMPANY PO Box 537950 Livonia, MI 48153-7901		
Account or other number by which creditor identifies debtor: FHA373GY19		Check here <input type="checkbox"/> replaces If this claim <input type="checkbox"/> amends a previously file claim dated _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for service performed from _____ to _____ (date) (date)
2. Date debt was incurred: 3/31/00		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$23,717.14 *Plus Interest, attorney fees and costs. if all or part of your claim is secured or entitled to priority, also complete Item 5 and 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other VIN # 1FTNX21F1YEB97856 Value of Collateral: \$23,450.00 Amount of arrearage and other charges at the time case filed including in secured claim, if any: \$1,030.78 *Interest at 13.99% , Per Annum		6. Unsecured Priority Claim: <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ <input type="checkbox"/> Wages, Salaries, Or commissions (up to \$4,300),* earned within 90 day before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507 (a)(). * Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

This Space for court use only

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
8. Supporting Documents: Attached copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary.	
9. Date - Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date: March 26, 2002	Sign and print the name and title, if any, of creditor or other person authorized to file this claim (attach copy of power of attorney, if any): FORD MOTOR CREDIT COMPANY By:  RICHARD J. HAYDEN P.S., President
Penalty for presenting fraudulent claim: Fine of up to \$500,000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571	

ORIGINAL

4

MAR 07 2002 15:44 FR CDB OPEN ACCTS 734 832 8035 TO 913102944150 P.10
 MAR 06 2002 11:10 FR FORD CREDIT SPOKANE 008 777 3163 TO 917346328878 P.01/02
 10/400 23098 10

IDAHO SIMPLE INTEREST VEHICLE RETAIL INSTALLMENT CONTRACT

DATE 03/31/2000

Buyer (and Co-Buyer) Name and Address (including County and Zip Code) FRANK CRAPIN PO BOX 781 HANDPOINT, ID 83854	CREDITOR (Seller Name and Address) ROKSTAD FORD MERCURY 9215 HWY 95 N HANDPOINT, ID 83854
---	---

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreement on the front and back of this contract.

Year and Make	Model	GVW (Truck Use)	Vehicle Identification Number	Use For When Purchased
USED	2000 FORD	F250	1FTNX21F1YEN97856	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial

Trade-in	N/A	\$ 0.00	\$ 0.00
	Year and Make	Gross All-in	Amount Owed

- Cash Price \$ 22499.00 (1)
- Down Payment
 Manufacturer's Rebate Assigned To Creditor \$ N/A
 Cash Down Payment \$ 8000.00
 Deferred Down Payment due \$ N/A
 Trade-In (description above) \$ N/A
 Total Down Payment \$ 8000.00 (2)
- Unpaid Balance of Cash Price (1 minus 2) \$ 24499.00 (3)
- Amounts paid on your behalf (Seller may be retaining a portion of these amounts)
 To Public Officials
 (i) for license, title & registration fees \$ N/A
 (ii) for filing fees \$ 2.00
 (iii) for taxes (not in Cash Price) \$ 1627.45
 To Insurance Companies for
 Vehicle Insurance \$ N/A
 Credit Life Insurance \$ N/A
 Credit Disability Insurance \$ N/A
 To _____ for _____ \$ N/A
 To _____ for _____ \$ 50.00
 To _____ for _____ \$ N/A
 To _____ for _____ \$ N/A
 Total \$ 1685.45 (4)
- Amount Financed (3 plus 4) \$ 26184.45 (5)

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your down payment
13.99 %	12676.24	26184.45	20059.75	47050.72

Payment Schedule	Number of payments	Amount of each payment	When Payments are due
Your payment schedule will be:	21	\$ 542.51	(monthly starting)
	1 final	\$ 542.51	15 MAY 00

YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE.

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED.

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

Credit	
<input type="checkbox"/> Life	Insurer N/A
\$ N/A	Premium N/A
	Insured(s) N/A
Signature(s)	

Credit	
<input type="checkbox"/> Disability	Insurer N/A
\$ N/A	Premium N/A
	Insured N/A
Signature	

N/A	N/A
<input type="checkbox"/> Type of Insurance	Term N/A
\$ N/A	Premium
	Insurer
Signature	

Credit Life and Credit Disability Insurance are for the term of the contract. The premium and coverage are shown in a notice or agreement given to you today.

You are required to insure the vehicle. If a check is shown below, the Creditor will try to buy the coverage checked for the term shown. Coverage will be based on the cash value of the vehicle at time of loss, but not more than the limits of the policy.

☐ Comprehensive ☐ N/A ☐ Deductible Collision

MAR 07 2002 15:44 FR CDB OPEN ACCTS

734 632 8035 TO 91513644430

EXTRA PAGE, 001

Collision

- ☐ Fire-Theft-Combined Additional Coverage
☐ Towing and Labor
☐ Term N/A Months (Estimate)
 Premium \$ N/A

Prepayment: If you pay off your debt early, you will not have to pay a penalty.

Late Payment: You will have to pay a late charge on the portion of each payment received more than fifteen days late. The charge is 8 percent of the late amount or \$10.00, whichever is greater.

Security Interest: You are giving a security interest in the vehicle being purchased.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and repossession penalty.

COMMERCIAL OR AGRICULTURAL USE CONTRACTS: If you purchased the vehicle for commercial or agricultural use, you must pay a late charge on the portion of each payment received more than 10 days late of 7.5 percent of the late amount or \$20.00, whichever is less.

Any change to this contract must be in writing and signed by you and the Creditor.

BUYER:

Do not sign this contract before you read it or if it contains any blank spaces. You are entitled to an exact copy of the contract you sign.

Buyer acknowledges receipt of a true and completely filled in copy of this contract at the time of signing.

[Signature]
 Buyer Sign

[Signature]
 (See Buyer Sign)

CONSUMER PAPER

By signing below, the Seller accepts this contract. The other parties to this contract are named in a separate assignment attached to this contract, the Seller assigns it to Ford Motor Credit Company.

ROKSTAD FORD MERCURY by *[Signature]*

MS 1791 (2-91) APR 98 (Printed name may NOT be used.)

FHA3736419

QUESTIONS?

Ford
 Credit

PLEASE CALL US AT 1-800-727-7006
 35-082

MAR 05 2002 14:51 FR NATIONAL BK SERVICE C4 632 8100 TO 13132844158 P.18
<http://www.icworkflow.ford.com/MSB/worldflow>
 Title Request - Other

FHA3730Y18, BK
 KAYCE @ NBSG

IDAHO

CERTIFICATE OF TITLE

FD-501 (REV. 11-1997)

FD-501 (REV. 11-1997)

VEHICLE IDENTIFICATION NUMBER
1FTNX21F1YEB97856YEAR
2000MAKE
FORDBODY
FXMODEL
TR

DESCRIPTION

END VEHICLE IDENTIFICATION NUMBER

CURRENT REGISTRATION

03/31/2000

A001009206

05/26/2000

OWNER'S NAME AND ADDRESS

OWNER'S PHONE NUMBER

CHAPIN, FRANK
 PO BOX 781
 SANDPOINT, ID 83864

FORD MOTOR CREDIT COMPANY

PO BOX 185704
 ATLANTA, GA 30348-1857
 RECORDED 03/28/2000

014710

LARGE

\$2.00 Fee

NOTICE OF RELEASE OF LIABILITY

\$2.00 Fee

PLEASE PRINT CLEARLY -- ALL INFORMATION MUST BE COMPLETE -- NOTIFICATION BY SELLER IS MANDATORY

Vehicle Identification Number (VIN) 1FTNX21F1YEB97856	Year 2000	Make FORD	Body Style FX	Title Number A001009206
Seller's Full Name: _____		City: _____		Phone Number: _____
Address: _____		State: _____		Zip: _____
Odometer: _____		Selling Price: \$ _____		Date Vehicle Delivered to Purchaser: _____
Purchaser's Full Name: _____				